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DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR  
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU KHILL  
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOTT  
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HHS FOR THE OFFICE OF THE SECRETARY/WSTEIGER, NIH/HFRANCIS  
CDC FOR SBLOUNT AND DBIRX

E.O. 12958: N/A

TAGS: [ECON](#) [KHIV](#) [SOCI](#) [TBIO](#) [EAID](#) [SF](#)

SUBJECT: SOUTH AFRICA PUBLIC HEALTH DECEMBER 23 ISSUE

Summary

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11. Summary. Every two weeks, Embassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: African Women More Vulnerable to HIV/AIDS; HIV Treatment Reduces Risk of TB in South Africa More than Previously Thought; Mozambique and SA to Sign Health Agreement; Eastern Cape Struggling with AIDS; SA Still Losing Health Care Professionals; Awareness of South African HIV/AIDS Media Strategy; Global Fund Withdraws Support for loveLife; HAART Found Cost Effective in South Africa; and Cape Town Conference Highlights Links between Poverty and HIV/AIDS. End Summary.

African Women More Vulnerable to HIV/AIDS

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12. Not only are women biologically more prone to HIV/AIDS infection than men, but for a variety of social, cultural and economic reasons they also have a harder time coping with the illness once infected, particularly in Africa, according to Helen Jackson, HIV/AIDS Advisor for Southern Africa with the UN Population Fund. The physiological data seem to indicate it is twice as easy for women to become infected as for men. African women are particularly hard hit. Of women affected worldwide, 77% are Africans, according to Michel Sidibe, deputy director of UNAIDS. In southern Africa, young women aged between 15 and 24 are at least three times more likely to be HIV-positive than men of the same age. Infection often occurs between older men and young women. There is a greater chance of the women's partners being HIV-positive and the immature vaginal tract is more easily infected. An UNAIDS study pointed out that among women surveyed in Harare (Zimbabwe), Durban and Soweto (South Africa), 66% reported having one lifetime partner, 79% had abstained from sex at least until the age of 17; yet 40% of the young women were HIV-positive. Source: Sapa-AFP, IOL, December 8.

HIV Treatment Reduces Risk of TB in South Africa More than Previously Thought

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13. Antiretroviral therapy appears to reduce the risk of developing tuberculosis (TB) to a greater extent than was previously thought, according to a South African study published in a recent edition of AIDS. Investigators found that the incidence of new cases of tuberculosis fell to just one case per 100 patient years after five years of antiretroviral therapy.

14. Doctors in Cape Town studied the incidence of new cases of tuberculosis in individuals during their first five years of antiretroviral therapy. A total of 346 individuals who received HIV therapy between 1996 and 2005 were included in the analysis. The majority (55%) were men, the median age was 33 years, and just over half were assessed as having a low socioeconomic status. Before HIV therapy was initiated, the median CD4 cell count was 242 cells/mm3 and median viral load was 80,000 copies/ml. A total of 51% of individuals had symptoms of HIV/AIDS and 14% had a previous history of tuberculosis. During a total of 1108 person years of follow-up, 27 new diagnoses of tuberculosis were made. All but five cases affected the lungs (extra-pulmonary tuberculosis is normally much more common in HIV-positive individuals) and three people with tuberculosis died.

15. The overall incidence of tuberculosis was 2.44 cases per 100 person years of follow-up. However, there was a significant decline in incidence from 3.35 cases per 100 person years in the first year to just 1.01 case per 100 person years in year five. Development of tuberculosis was found to be significantly associated with the following baseline characteristics: age under 33 years; a CD4 cell count below 100 cells/mm3; and symptomatic HIV/AIDS. Source: AIDS 19: 2109 - 2116, 2005AIDS MAP, December 8

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#### Mozambique and SA to Sign Health Agreement

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16. Senior health officers from South Africa and Mozambique will sign an agreement formalizing the treatment of Mozambicans in health facilities along South Africa's borders. The initiative was part of the Health Department's efforts to address Mozambicans' use of South African resources in those rural and underdeveloped areas. The agreement would take into account the daily movement of people across the countries' borders and the hospitals affected would be identified. So far, the Tonga District Hospital has been earmarked for referrals from Mozambique. Health professionals would record the number of Mozambicans being treated and a patient referral system between the two countries would be established. Mozambique would then be billed when their citizens were treated in South African facilities. Source: Sapa and Mail and Guardian, December 7.

#### Eastern Cape Struggling With AIDS

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17. The Public Service Accountability Monitor (PSAM) reported to the Joint Civil Society Monitoring Forum (made up of organizations including the Aids Law Project, the Health Systems Trust and the Institute for Democracy in South Africa, meeting regularly to assess the progress of Government's treatment plan) that during the 2004/5 financial year the Eastern Cape Health Department under spent its overall budget by R50.8 million (\$8 million, using 6.3 rands per dollar). The department also recorded under spending across all eight programs, including the HIV/AIDS program which failed to spend 12.7% or R16.8 million (\$2.6 million) of its overall budget. Over the past four years, the Eastern Cape Health Department has failed to spend R172 million (\$27 million) on HIV/AIDS programs. However, there are signs of progress. There are now 26 accredited antiretroviral sites, with 20 providing treatment at the end of September. They were treating almost 10,000 patients, including almost 1,000 children. The patient target by March 2006 is 15,000 patients. According to a report by the

International Treatment Preparedness Coalition, called "Missing the Target - A Report on HIV/AIDS Treatment Access from the Frontlines", lack of effective national political leadership as well as denialism and pseudoscience were barriers to AIDS treatment in South Africa. Specific recommendations for South Africa include launching an international campaign to hold government accountable and expanding human resources. Latest figures show that at least six million South Africans are currently living with HIV/AIDS, while 600,000 need antiretroviral treatment. According to South African government figures, 86,000 people are currently accessing treatment in the public health system. Source: Health-e News Service, December 13.

#### SA Still Losing Health Care Professionals

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¶8. Despite an agreement to stop active recruitment for the national public service in the United Kingdom, South Africa is still losing healthcare professionals as the agreement does not include the private sector whose recruitment agencies continue to recruit South African staff. The recruitment process involves large-scale distribution of circulars and printed advertisements of foreign posts in monthly journals such as one from the Democratic Nurses Organization of South Africa, which relies on revenue from those ads to fund the publication of their magazine. Although the national public service of the United Kingdom, which takes in the largest number of health care professionals from South Africa out of all receiving countries, can no longer actively recruit in South African, the United States, Canada, Australia and New Zealand are locations where an increasing number of South African health care workers are going. Source: The Pretoria News, December 12.

#### Awareness of South African HIV/AIDS Media Strategy

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¶9. Part of the 2005 South African National HIV Prevalence, HIV Incidence, and Behavior Communication Survey focuses on the

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awareness of HIV/AIDS national media campaigns in South Africa. These campaigns use a variety of media, such as television, radio, outdoor media, or some combination of all. Certain campaigns focus only on particular age groups. Seven media campaigns were highlighted in the 2005 Survey: Soul City, Soul Buddyz and Takalani Sesame (both aimed at children), Khomanani, loveLife, Gazlam and Tsha Tsha. Khomanani, loveLife and Soul City use broadcast, print and outdoor media, while Gazlam and Tsha Tsha use television and Takalani Sesame use television and

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radio. The campaigns receiving the most funding are Khomanani and loveLife.

¶10. The Khomanani: Caring Together for Life campaign is the government's main communication initiative on HIV/AIDS. (Khomanani is a Tsonga word meaning caring together.) The South African government spent approximately R165million (\$26 million) for the 2004-to-2006 period on the campaign. Yet, the 2005 South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey showed that of all the AIDS information campaigns underway, Khomanani reached the fewest people. Only 33.8% of teenagers aged between 12 and 14, and 46.7% of young people between 15 and 24, were aware of the campaign. For those aged 25 to 49, the figure was 41.7%. According to Nathan Geffen, spokesperson for the Treatment Action Campaign, Khomanani's message is acceptable, but there isn't enough of it. Even more importantly, high-level officials need to become more vocal about safe sex and ascertaining HIV status.

¶11. loveLife, South Africa's best-funded campaign, receives R200 million (\$32 million), although less than R26-million (\$4 million) comes from the South African government. The Global Fund, one of loveLife's major supporters recently announced

withdrawal in their support (see next article). loveLife produces weekly radio programs and works to ensure that anti-AIDS messages are communicated in all 11 official languages. About 72% of young people aged 15 to 24 are aware of loveLife, according to the South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey. However, critics point to loveLife's unclear messages and lack of accountability in demonstrating its campaign's effectiveness.

¶12. Previous research indicated that the media had virtually no effect on behavior and that more emphasis should be placed on face-to-face programs, such as those in clinics and youth centers. However, the South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey found that of those who were being reached by the campaigns, a large proportion saw the information as useful. The survey also noted that work still needs to be done in reaching rural areas and informal settlements. As newspapers and television sets are luxuries in many South African homes, radio remains an important means for communicating with such audiences. The government also funds a number of other campaigns, such as Soul City, which uses television and radio dramas to warn people about HIV. The South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey noted that awareness of Soul City, the longest-running campaign operating since 1992, was the highest across all age groups. Note: Soul City receives PEPFAR funding. Source: Mail and Guardian, December 19; South African National HIV Survey, [hsrccpress.ac.za](http://hsrccpress.ac.za).

#### Global Fund Withdraws Support for loveLife

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¶13. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria has refused to fund any additional activities of loveLife, a South African youth-targeted HIV/AIDS campaign. The Global Fund board stated that loveLife "was deemed to not have sufficiently addressed weaknesses in its implementation". Global Fund spokesman Jon Liden said it had become difficult to measure how the prevention campaign was contributing to the reduction of HIV/AIDS among young people. Global Fund had repeatedly requested loveLife to revise its proposals and address concerns regarding performance, financial and accounting procedures, and the need for an effective governance structure. In 2003, loveLife received about US \$12 million from the Fund, a third of its operating budget. Citing other

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less expensive programs that show effective results, Liden stated that the Global Fund needs to see evidence of loveLife's effectiveness before spending more money. However, loveLife's Deputy CEO, Grace Matlhabe, stressed that loveLife is working, citing a 2004 study conducted by the University of Witwatersrand's Reproductive Health Research Unit study of more than 11,000 young people aged between 15 and 24. Those who had participated in a number of loveLife programs were less likely to be HIV-positive, and were also more likely to report using condoms and be tested for HIV. However, the study did not show whether the project had caused these differences. Source: UN Integrated Regional Information Networks, December 19.

#### HAART Found Cost Effective in South Africa

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¶14. A recent study investigating the cost effectiveness of the highly active antiretroviral therapy (HAART) in South Africa found that the cost savings of treating patients with AIDS using HAART ranged between \$209 and \$2,116 per patient. Patients on HAART required fewer hospital admissions and depending on how long the patient survived and the price of antiretrovirals, it costs less to treat the HAART patients with AIDS.

¶15. During the study period (January 1995 to the end of December 2000), HAART was not available in the publicly funded South African health care system. The study took place in HIV

clinics affiliated with the University of Cape Town. Researchers compared the cost of services for 292 patients who were given HAART with the costs for a comparison group (with the same number of patients) who were not given any antiretroviral drugs. There were 27 patients in each group that had AIDS; the others were HIV-infected but did not have AIDS. Researchers calculated costs per patient year and per life-year gained (the total cost divided by the number of extra years the treated patients lived).

¶16. HAART proved to be a more cost-effective way for South African hospitals to treat HIV infection than simply to wait for patients to come and be treated for HIV symptoms. Indirect costs were not addressed in this study. Source: Plos Medicine, January 2006, Volume 3, Issue 1.

#### Cape Town Conference Highlights Links Between Poverty and HIV/AIDS

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¶17. In December 2005, a Cape Town conference sponsored by the International Union for the Scientific Study of Population (IUSSP) presented demographic studies that highlighted the interactions between poverty and HIV/AIDS in Southern African nations of Malawi, Zambia, and South Africa. Little direct evidence was shown of the link between poverty and HIV/AIDS, although much discussion centered around the problems and interpretations of using panel data for empirical investigations. Most of the studies used Demographic Health Surveys, household-based national surveys having little detailed information concerning income. The studies had to impute assets using either type of flooring or house or other type of asset information having little direct income information, making the analysis of the interaction of poverty and HIV/AIDS subject to possible measurement and misspecification errors.

¶18. The South African studies used provincial surveys, making generalized national observations difficult. The South African studies examined the socio-economic impacts of HIV/AIDS on household in the Free State; impacts of parental death on school enrollment in KZN; and orphans and HIV Risk Behaviors among adolescents in KZN. The Free State study grouped HIV affected and non-affected by liquid and illiquid assets and found the assets to be similar among groups, although since 40% of people had no income in both groups, one could argue that poverty impacted the results. The study of orphans in KZN found that that there was no link between socio economic status (SES) if the mother died, and a negative association if the father died; however children without mothers are behind in school relative to other children. Source: iussp.org,

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December 12-14.

TEITELBAUM